

FILED

**CANDIDATE COMMITTEE
COVER PAGE**

2007 DEC -3 AM 10:38

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

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3. This Statement covers From: <u>8</u> <u>13</u> <u>07</u> to <u>11</u> <u>6</u> <u>07</u> Mo Day Year Mo Day Year	
1. Committee I.D. Number <u>137979</u>	4. Candidate Last Name <u>GEROMETTE</u> First Name <u>MAURICE</u> M.I. <u>P.</u>
2. Committee Name <u>MAURICE GEROMETTE for Mayor</u>	4a. Office Sought Including District # or Community Served (If applicable) <u>FRASER Mayor</u>
5. Committee's Mailing Address <u>32354 Huber</u> <u>FRASER, MI 48026</u>	4b. County of Residence <u>Macomb</u>
Area Code and Phone <u>586-610-4247</u>	6. Treasurer's Name & Residential Address <u>MAURICE GEROMETTE</u> <u>32354 Huber Lane</u> <u>FRASER, MI 48026</u>
If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.	Area Code & Phone <u>586-610-4247</u>
7. Treasurer's Business Address <u>32354 Huber</u> <u>FRASER, MI 48026</u>	8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)
Area Code and Phone <u>586-610-4247</u>	<u>NONE</u>
Area Code and Phone ()	
9. TYPE OF STATEMENT	
9a. <input type="checkbox"/> Pre-Election OR 9b. <input checked="" type="checkbox"/> Post-Election	
Pre-Election or Post-Election Statement relates to:	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
<input type="checkbox"/> Convention <input type="checkbox"/> School	
<input type="checkbox"/> Special <input type="checkbox"/> Caucus	
Date of Election, Convention or Caucus <u>11</u> <u>6</u> <u>2007</u> Month Day Year	
9c. <input checked="" type="checkbox"/> Annual Statement (<u>2007</u> Coverage Year)	
9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)	
9e. <input type="checkbox"/> Dissolution of Candidate Committee	
Effective Date of Dissolution _____ Month Day Year	
By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.	
A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.	
10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.	
Current Treasurer or Designated Record keeper <u>MAURICE GEROMETTE</u> <u>Maurice P. Geromette</u> Date <u>11</u> <u>28</u> <u>07</u> Type or Print Name Signature Mo Day Year	
Candidate <u>MAURICE GEROMETTE</u> <u>Maurice P. Geromette</u> Date <u>11</u> <u>28</u> <u>07</u> Type or Print Name Signature Mo Day Year	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 137979
2. Committee Name MAURICE GEROMETTE FOR MAYOR

**SUMMARY PAGE
CANDIDATE COMMITTEE**

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>1525⁰⁰</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>1525⁰⁰</u>	(18.) \$ _____
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	_____	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	<u>1525⁰⁰</u>	(20.) \$ _____
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	_____	(21.) \$ _____
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	_____	(22.) \$ _____
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>1474⁰⁴</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	_____	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	_____	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	_____	(23.) \$ _____
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$	_____	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	_____	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	_____	(24.) \$ _____
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	_____	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	_____	
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	<u>130.71</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>325.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>455.71</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>453.75</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>1.96</u>	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 137979
2. Committee Name MAURICE GEROMETTE For Mayor

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report <u>all</u> contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>8/13/07</u> Name: <u>Kathy Blauke</u> Address: <u>15951 Princeton Court, FRASER 48026</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		200 ⁰⁰	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9/18/07</u> Name: <u>Bill Beech</u> Address: <u>32725 Utica, FRASER 48026</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>FRASER Auto</u> Business Address <u>32725 Utica, FRASER 48026</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		500 ⁰⁰	
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9/29/07</u> Name: <u>Don DeNault</u> Address: <u>15731 MARCIE, FRASER 48026</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		100 ⁰⁰	
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/20/07</u> Name: <u>MAURICE GEROMETTE</u> Address: <u>32354 Huber Lane, FRASER 48026</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>SUPERVISOR</u> Employer <u>STARS</u> Business Address <u>615 Johnson, Saginaw 48607</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		200 ⁰⁰	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		1000 ⁰⁰	

Enter this total on
line 3 of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 137979
2. Committee Name MAURICE GEROMETTE FOR MAYOR

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report <u>all</u> contributions from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9/21/07</u> Name: <u>TERRY DANKO</u> Address: <u>16659 E. 14 MILE, FRASER 48026</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>Schatts MARKET</u> Business Address <u>16659 E. 14 MILE, FRASER 48026</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	200 ⁰⁰	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11/1/07</u> Name: <u>JEANNE SWANK</u> Address: <u>2416 STARK STREET, SAGINAW 48602</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	25 ⁰⁰	
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11/1/07</u> Name: <u>JOYCE DEVINE</u> Address: <u>16140 CLARKSON UNIT 5, FRASER 48026</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	100 ⁰⁰	
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11/6/07</u> Name: <u>MAURICE GEROMETTE</u> Address: <u>32354 Huber Lane, FRASER 48026</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>SUPERVISOR</u> Employer <u>STARS</u> Business Address <u>615 SAGINAW, 48607</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	200 ⁰⁰	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	525 ⁰⁰	
	1525 ⁰⁰	

Enter this total on
line 3 of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 137979

2. Committee Name Maurice Geronette for Mayor

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>City of FRASER</u> Address <u>33000 Garfield</u> <u>FRASER 48026</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>MEET the candidate</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/6/07</u>	<u>\$ 75</u>
Expenditure #2 Name <u>AMERICA'S FINEST</u> Address <u>17060 Masonic</u> <u>FRASER, 48026</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>POSTCARDS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/13/07</u>	<u>\$ 65</u>
Expenditure #3 Name <u>SAWICKI AND SON</u> Address <u>1521 West LA PAVETTE</u> <u>DETROIT, Mich 48216</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>YARD SIGN</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/24/07</u>	<u>559¹⁵</u>
Expenditure #4 Name <u>Staples</u> Address <u>31900 Gratiot</u> <u>ROSEVILLE 48066</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>FLYERS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/12/07</u>	<u>79⁵⁶</u>
Expenditure #5 Name <u>CAPG NEWS PAPER</u> Address <u>13650 11 mile</u> <u>WARREN 48089</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>News Paper insert</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/5/07</u>	<u>92⁰⁰</u>

Subtotal this page
Grand Total of all Schedules 1B
(Complete on last page of Schedule)

870⁷¹

Enter this total
on line 8a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 137979
2. Committee Name Maurice Genovette For Mayor

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>City of Fraser</u> Address <u>33000 Garfield</u> <u>FRASER 48026</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Budget</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/20/07</u>	<u>\$ 30.00</u>
Expenditure #2 Name <u>U.S. Post Office</u> Address <u>FRASER 48026</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Stamps</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/21/07</u>	<u>\$ 52</u>
Expenditure #3 Name <u>Blakemore Printing</u> Address <u>31823 Utica</u> <u>FRASER 48026</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Flyers</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/4/07</u>	<u>67.58</u>
Expenditure #4 Name <u>V.F.W. FRASER Post</u> Address <u>Anita</u> <u>FRASER, 48026</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Election Party</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/6/04</u>	<u>280.00</u>
Expenditure #5 Name <u>Mr. Pita</u> Address <u>41620 Garfield</u> <u>Clinton Township</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Food Election Party</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/6/07</u>	<u>173.75</u>

Subtotal this page
Grand Total of all Schedules 1B
(Complete on last page of Schedule)

603.33

1474.04

Enter this total
on line 8a of
Summary Page